

Name
in
Full

George Arrington

CERTIFICATE OF DEATH

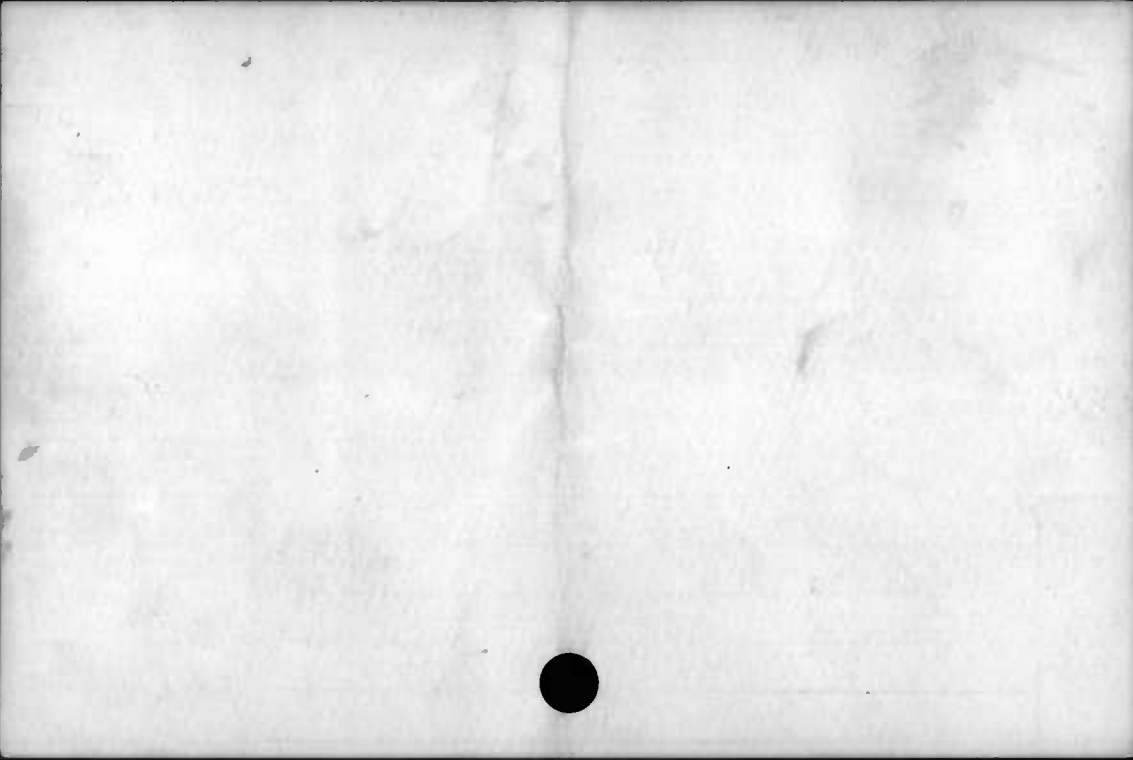
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Beltsville</u> ^{Town}		<u>Penn</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>June</u> ^{Month}	<u>13</u> ^{Day}	Age <u>75</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Va.</u>			
Married, <u>Single</u> Married	Occupation <u>Cooper</u>				
Name of Wife or <u>M. C. Arrington</u> Husband					
Father's Name <u>R. Thomas</u>			Father's Birthplace		
Mother's Maiden Name <u>Ann Anna Johnson</u>			Mother's Birthplace		
Name of person giving information <u>R. N. Kiddell</u>			How related to deceased <u>step son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Softening of Brain</u> <u>65</u>	How long <u>Five or six</u>
Immediate <u>—</u>	How long <u>years</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>C. A. Fox</u>
<u>As far as I know</u>	Address <u>Beltsville Md</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

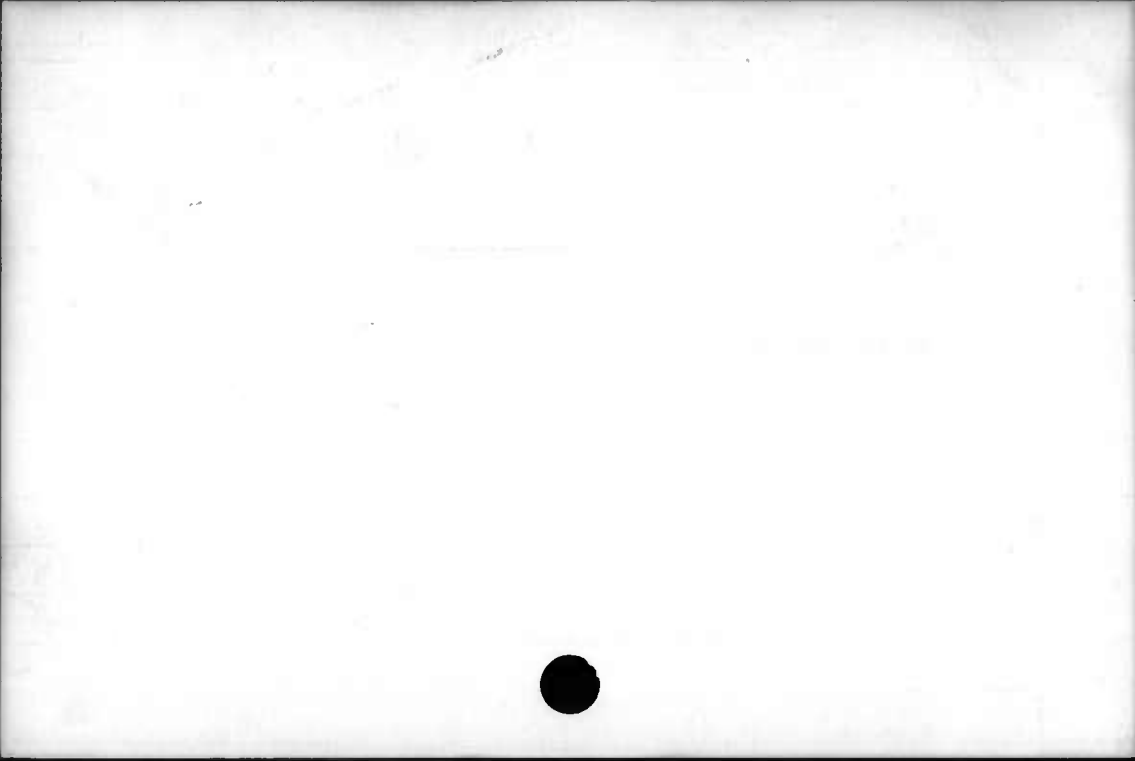
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full James T. Ball		Town Meadows		County Pr. Geo		MARYLAND	
Died at Meadows		Month June		Day 23		Age 67	
Date of death 1903 June 23		Months —		Days —			
Sex Male		Color or Race white		Birthplace P. Geo. Md			
Occupation Farmer		Where Residing if not at place of death —					
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Henry Ball		Father's Birthplace P. Geo. Co					
Mother's Maiden Name —		Mother's Birthplace —					
Name of person giving Information A. W. Ball		How related to deceased Brother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Dysentery	How long 14	How long 3 mos.
Immediate Exhaustion	How long —	
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician L. A. Giffith	
Upper	Address Marlboro. Md	
Accident or Suicide? —		



Name In Full

Certificate of Death

Mary E. Barker

Town

County

Died at

Marshall Pa. Des.

MARYLAND

Date

703 June 28

Age

60 —

Native of

Occupation

Cook

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

~~Wife~~ of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Paralysis

How long sick

3 days —

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. E. Smith.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 700008

~~Attended by Dr.~~ _____

~~of~~ _____

~~Seen by Coroner~~ _____

~~of~~ _____

~~Information contained in this certificate re-~~
~~ceived from~~ _____

~~of~~ _____

Name
in
Full

William Calvin Main

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Stouch</i>		County <i>Prince</i>		MARYLAND	
Date of death 190		3	Month 6	Day 27	Age	Years	Months 4
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth- place <i>Stouch</i>			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name <i>William Main</i>				Father's Birthplace <i>Stouch Md.</i>			
Mother's Maiden Name <i>Belle Cecilia Webster</i>				Mother's Birthplace <i>Stouch Md.</i>			
Name of person giving In formation <i>Daniel Webster</i>				How related to deceased <i>Grand-father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long
Immediate <i>Gastro-Enteritis</i>		How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Fanny Haller</i>
		Address <i>Princetown, Ind.</i>
Accident or Suicide?		



Name in Full

Certificate of Death

Annie Brooks

Town

County

Died at

MARYLAND

Date 1903

Month Jan Day 13

Age

Y. M. D.

35

Native of

Md

Occupation

Housewife

~~Male~~~~White~~

Married

~~Widow~~~~Divorced~~

Female

Colored

~~Single~~~~Widower~~

Number of children living

5

Husband of

Wife

Father's

Name

Capt. Brooks

Mother's

Maiden Name

Geo. Gross not ascertained

Cause of

Primary

Paralysis

How long sick

2 weeks

Death

Immediate

not ascertained

~~Accident, Suicide, Homicide~~

Reported by

W. T. Taylor M. D.

Address

Laurel

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Still Born

Town *between Ruxed & Sandover* County *Pr. Geo* MARYLAND

Died at *between Ruxed & Sandover* Month *June* Day *4* Y. *Y.* M. *M.* D. *D.* Native of *MD* Occupation *—*

Date 19*03* *June 4* Age *Still born* *MD*

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

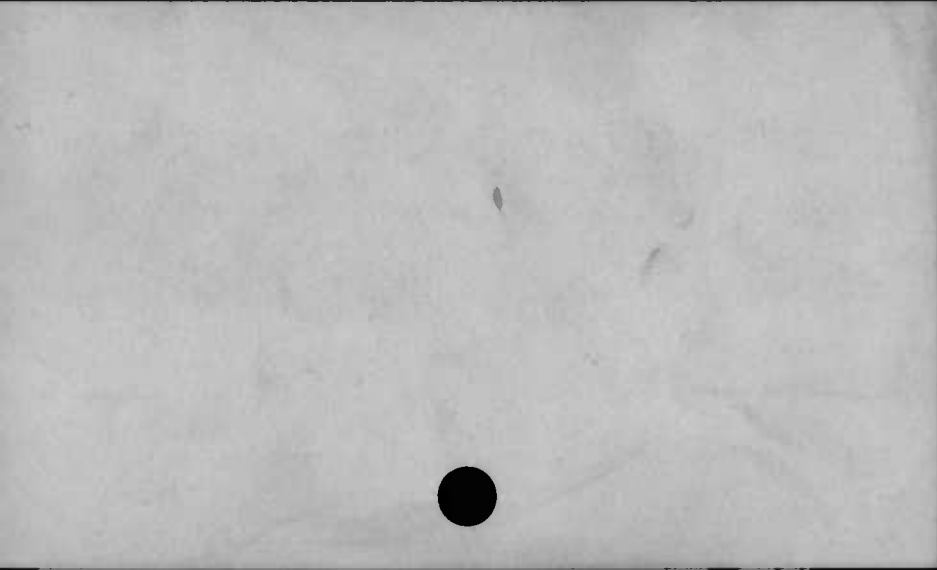
Father's Name *Isaac Brown*Mother's Maiden Name *Jane Lee*

Cause of Death { Primary *Still Born* Immediate *Still Born* How long sick *—*

Accident, Suicide, Homicide

Reported by *J. P. K. H. F.*Address *Hyattsville MD*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Kosaeffa Carol.

CERTIFICATE OF DEATH

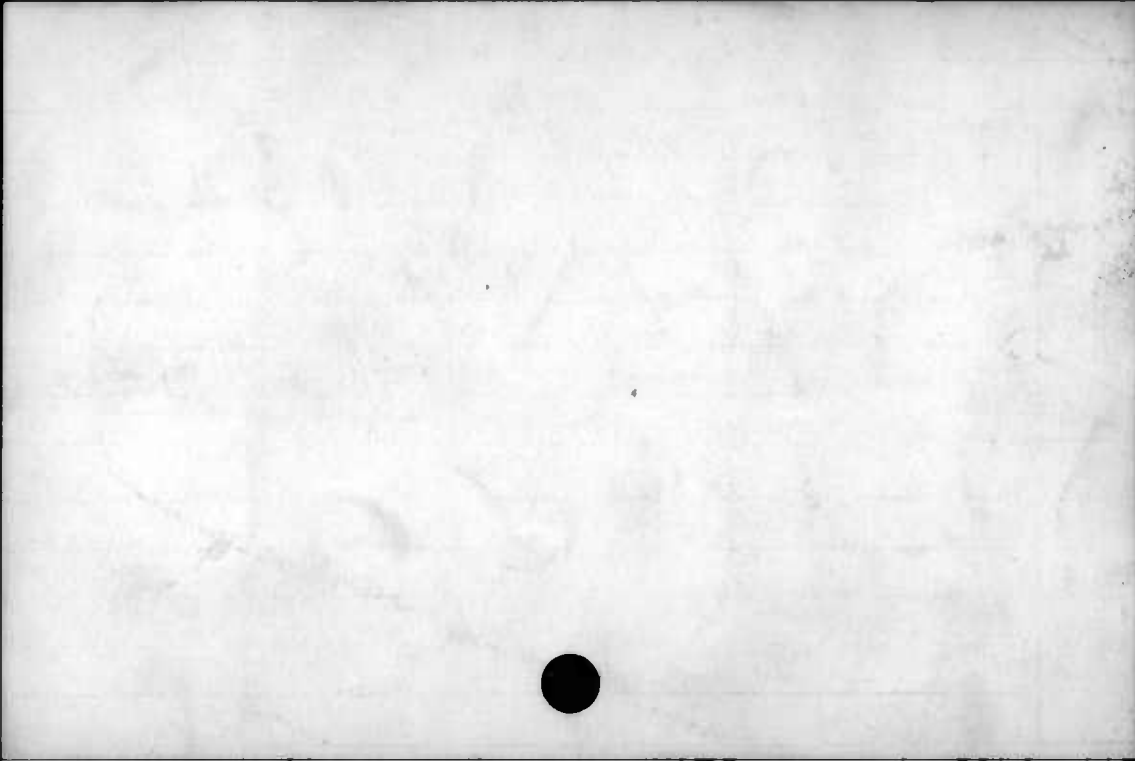
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lanham</u> ^{Town}		<u>Pri</u> ^{County} <u>ssd</u>		MARYLAND	
Date <u>June</u> ^{Month} of death 190 <u>3</u>	<u>June</u>	Day <u>29</u>	Age <u>-</u>	Months <u>8</u>	Days <u>9</u>
Sex	Color or Race <u>Colored</u>	Birth- place <u>North Lanham</u>			
Married, Single or Widowed <u>Widowed</u>	Occupation <u>Washing & Ironing</u>				
Name of Wife or Husband <u>Liza Baul.</u>			Father's Birthplace <u>Harvard Co.</u>		
Father's Name <u>Mrs Frank Carroll</u>			Mother's Birthplace <u>Northham Co. Va.</u>		
Mother's Maiden Name <u>Liza Baul.</u>			How related to deceased		
Name of person giving information <u>not any.</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Marie Le Dairny</i>		Town <i>Gundale</i>		County <i>Prince Georges</i>		MARYLAND	
Died at <i>Gundale</i>		Month <i>Jan</i>		Day <i>2</i>		Years <i>8</i>	
Date of death 190 <i>3</i>		Age <i>8</i>		Months <i>8</i>		Days <i>8</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Gundale</i>			
Married, Single or Widowed				Occupation <i>None</i>			
Name of Wife or Husband <i>Wm</i>							
Father's Name <i>William H Dairny</i>				Father's Birthplace <i>A. A. C. Ind.</i>			
Mother's Maiden Name <i>Mary E. Beall</i>				Mother's Birthplace <i>P. G. Ind.</i>			
Name of person giving In formation <i>Mary E Beall</i>				How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Enterocolitis</i>		How long <i>36 Hrs -</i>	
Immediate <i>Exhaustion</i>		How long <i>How long</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. H. Beall M.D.</i>	
		Address <i>Springfield Ind.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

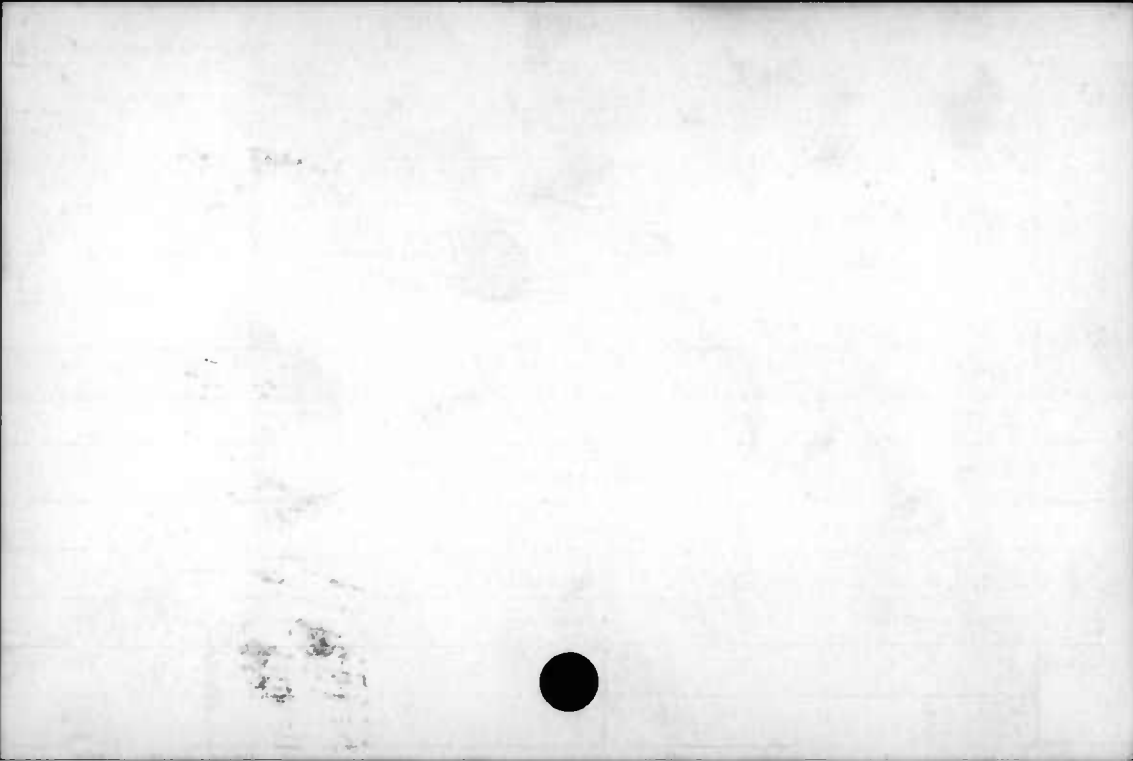
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sophia D Diggs</i>		Town <i>Croom</i>		County <i>Pr Geo</i>		MARYLAND	
Died at <i>Croom</i>		Date of death 1903 <i>June</i>		Day <i>21</i>		Age <i>Years</i>	
Sex <i>Female</i>		Color or Race <i>Ethiopian</i>		Birth-place <i>Pr Geo Co</i>		Months <i>Days</i>	
Married, Single or Widowed <i>married</i>		Occupation <i>Housewife</i>		Name of Wife or Husband <i>Johnnie D Diggs</i>		Father's Name <i>Dick Duggan</i>	
Mother's Maiden Name <i>Robert Diggs</i>		Father's Birthplace <i>Pr Geo Co</i>		Mother's Birthplace <i>Pr Geo Co</i>		How related to deceased <i>Bro. in Law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown died sudden</i>		How long <i>few minutes</i>	
Immediate <i>yes</i>		How long <i>179 - sick</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. H. Gibbons</i>	
Address <i>Croom Md</i>		Accident or Suicide? <i>no</i>	



Name
in
Full

Thomas Donohue

CERTIFICATE OF DEATH

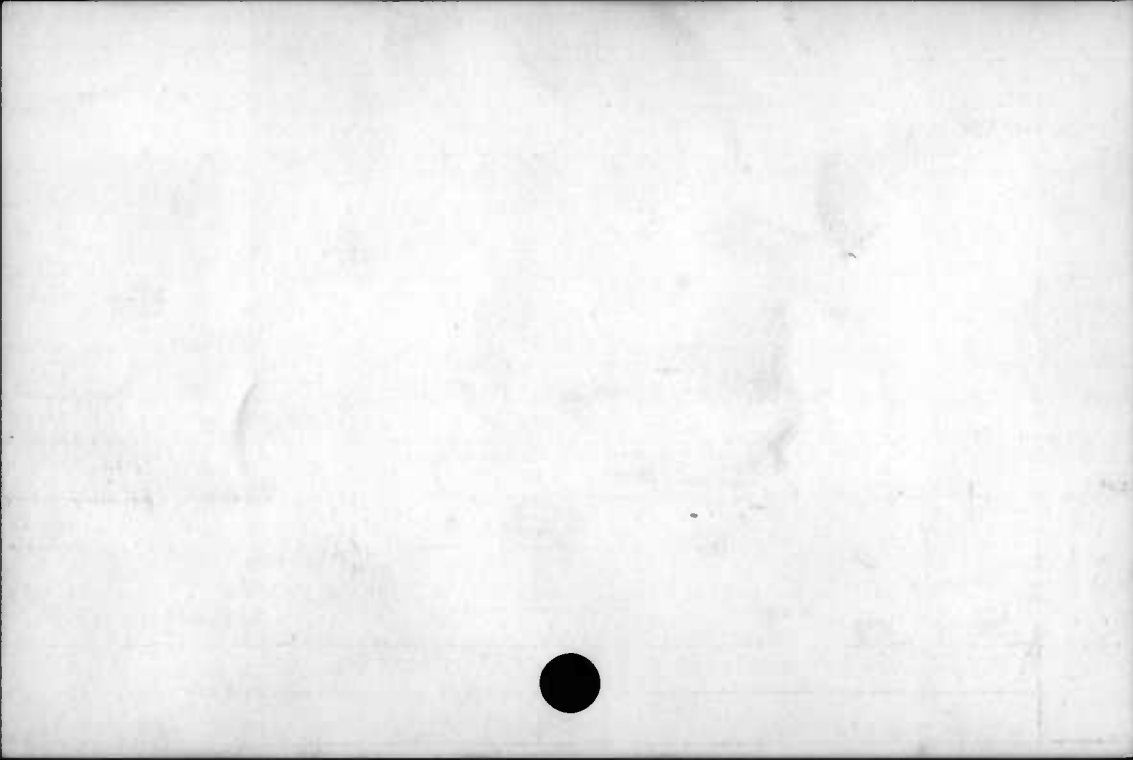
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Ardurck</u> ^{Town}		<u>Prince Georges</u> ^{County}		MARYLAND	
Date of death 190 <u>1</u>	Month <u>June</u>	Day <u>24</u>	Age <u>55</u> ^{Years}	Months <u>0</u>	Days <u>0</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Chicago</u>			
Married, Single or Widowed <u>Married</u>		Occupation <u>Store keeper</u>			
Name of Wife or Husband <u>do not know</u>					
Father's Name <u>do not know</u>				Father's Birthplace <u>—</u>	
Mother's Maiden Name <u>—</u>				Mother's Birthplace <u>—</u>	
Name of person giving information <u>J. F. Mc Hugh</u> ¹⁶⁶				How related to deceased <u>Friend</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Killed by P.W. & B. R.R. train</u>	How long <u>—</u>
Immediate	<u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of physician <u>Alfred B. Bailey</u>
<u>Given me by J. F. Mc Hugh</u>		Address <u>Bladensburg</u>
Accident or Suicide? <u>Accident</u>		<u>Prince Georges Co. Md.</u>



Name
in
Full

Mary Duckett

CERTIFICATE OF DEATH

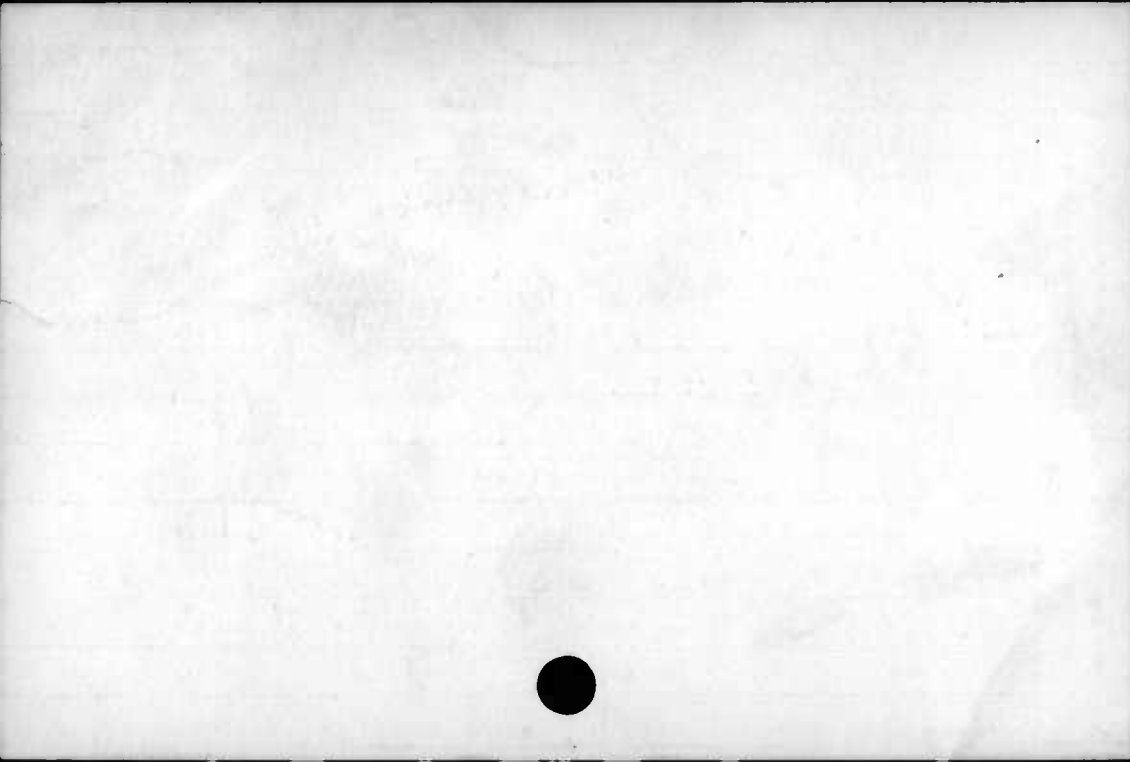
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Keftwood</i> Town		<i>Pr Geo</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>11</i>	Age <i>25</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Ethiopian</i>	Birth-place <i>Pr Geo Co</i>			
Married, Single or Widowed <i>married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Leah Duckett</i>					
Father's Name <i>Thomas Harper</i>			Father's Birthplace		
Mother's Maiden Name <i>Sarah Galt</i>			Mother's Birthplace <i>P. G Co</i>		
Name of person giving information <i>Cornelius Duckett</i>			How related to deceased <i>Brother in law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>11 months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Gibson</i>
	Address <i>Crown and</i>
Accident or Suicide?	



Name
in
Full

Imman Duckett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bowie</i> ^{Town}		<i>Prince Georges</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>10</i>	Age <i>36</i>	Years	Months <i>-</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Prince Georges Co Md</i>		
Married, Single or Widowed <i>married</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband <i>Mattie Duckett</i>					
Father's Name <i>Frank Duckett</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Susan Duckett</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Mattie Duckett</i>			How related to deceased <i>wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary</i>	How long <i>18 months</i>
Immediate <i>Consumption</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W B Ryan M D</i>
	Address <i>Bowie Md</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

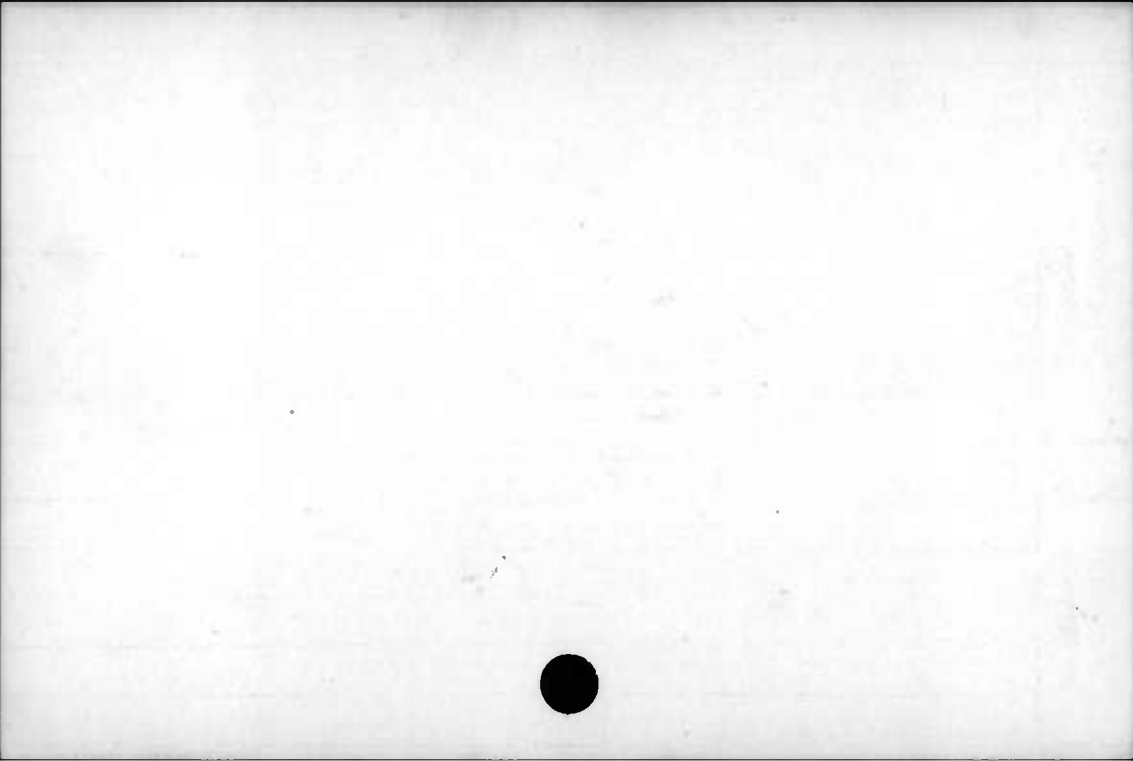
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hyattsville</i>		Town <i>Prince Georges</i>		County <i>Prince Georges</i>		MARYLAND	
Date of death 190	3	Month	June	Day	1	Years	-
Sex	male		Color or Race	white		Birth-place	H.M.D.
Married, Single or Widowed	Single		Occupation				
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
<i>Walter S. Sutton</i>				<i>Walter S. Sutton</i>			
<i>Helen Painter</i>				<i>Walter S. Sutton</i>			
<i>Walter S. Sutton</i>				<i>Walter S. Sutton</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Premature Birth</i>	How long	<i>2 days</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
151		<i>Ge. Richardson</i>	
		Address	
		<i>Hyattsville Md.</i>	
Accident or Suicide?			



Name
in
Full

William Forbes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Croon Station</i> ^{Town}		<i>Pr Geo Co</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>26</i>	Age <i>5</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Pr Geo Co</i>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Wm H Forbes</i>			Father's Birthplace <i>Pr Geo Co</i>		
Mother's Maiden Name <i>Susie Ford</i>			Mother's Birthplace <i>Charles Co</i>		
Name of person giving information <i>W H Forbes</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diphtheria</i>	How long <i>71</i>
Immediate <i>Complications</i>	How long <i>6 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Gibbons</i>
	Address <i>Croon md</i>
Accident or Suicide?	



Name In Full

Certificate of Death

Margaret Ada Grimes

Died at ^{Town} Aquasco ^{County} Prince Geo. MARYLAND

Date 1903 ^{Month} June ^{Day} 19 ^{Y.} ^{M.} 4 ^{D.} 20 ^{Native of} Maryland ^{Occupation} none

^{Male} ^{White} ^{Married} ^{Widow} ^{Divorced}

^{Female} ^{~~Colored~~} ^{~~Single~~} ^{~~Widower~~} ^{Number of children living}

Husband
of
Wife

Father's Name Andrew J. Grimes ¹⁷⁹ Mother's Name Margaret A. Demar

Maiden Name

Cause of Death { Primary Died suddenly without medical attendance How long sick 10 or 12 hours

Death { Immediate Accident, Suicide, Homicide

Reported by Wm. A. Murbury M.D.

Address Aquasco Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name
in
Full

Leo Howell Hamilton

CERTIFICATE OF DEATH

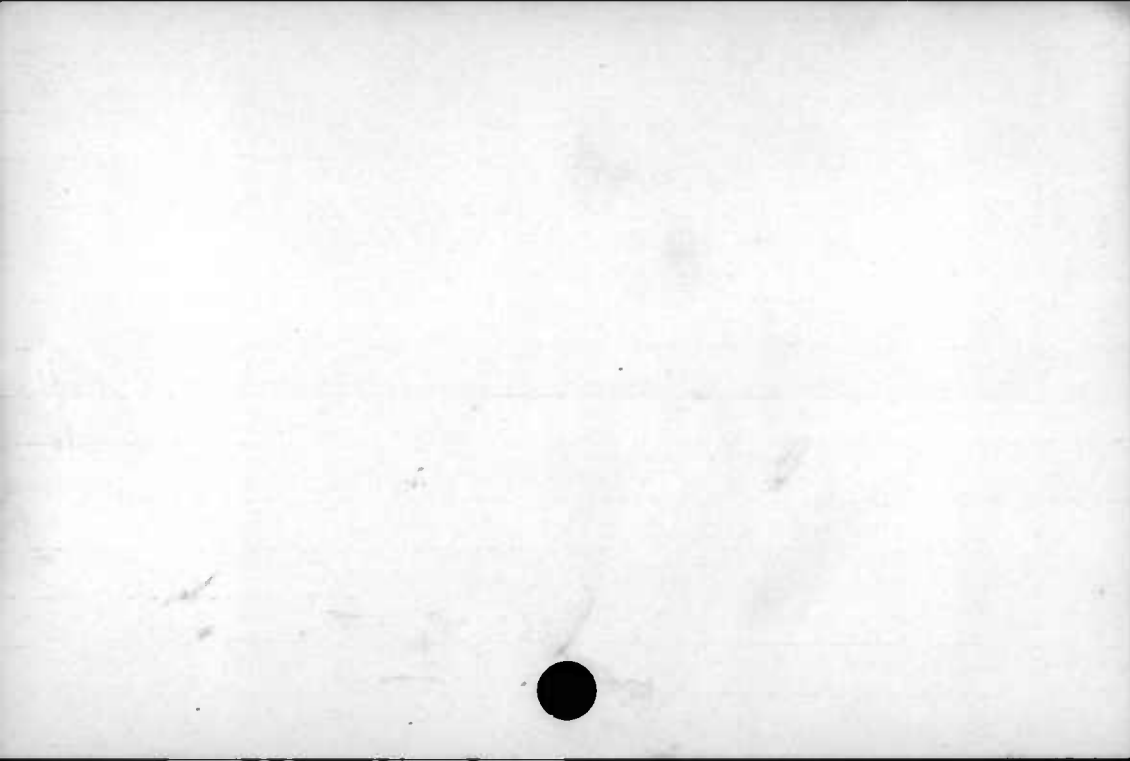
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mitchellville		County Prince George		MARYLAND							
Date of death 1903		Month June		Day 28		Age —		Years —		Months 3		Days 7	
Sex Male		Color or Race Colored		Birth- place Maryland									
Married, Single or Widowed —				Occupation —									
Name of Wife or Husband —													
Father's Name Clem Hamilton						Father's Birthplace Maryland							
Mother's Maiden Name Mary Parker						Mother's Birthplace "							
Name of person giving in formation Clem Hamilton						How related to deceased Father							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Enteritis 105		How long One week.	
Immediate Exhaustion		How long " day.	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician A. R. Mark	
		Address Mitchellville, Ind.	
Accident or Suicide? —			



Name
in
Full

Hester Hill Heiskell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Oxon Hill</u> ^{Town}		<u>Pr. Geo.</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>6</u> ^{Month}	<u>12</u> ^{Day}	<u>94</u> ^{Age}	<u>4</u> ^{Months}	<u></u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Pr. Geo. Co. Md</u>		
Married, Single or Widowed <u>Widow</u>		Occupation <u>Housewife</u>			
Name of Wife or Husband <u>Joseph B. Hill</u>					
Father's Name <u>Joseph B. Hill</u>		Father's Birthplace <u>116</u>			
Mother's Maiden Name <u>Sarah P. Hill</u>		Mother's Birthplace <u></u>			
Name of person giving information <u>Sarah M. Heiskell</u>		How related to deceased <u>Daughter in law</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute indigestion</u>	How long <u>2 days</u>
Immediate <u>Peritonitis</u>	How long <u>3</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. J. Simpson M.D.</u>
	Address <u>Roccroft Md</u>
Accident or Suicide? <u></u>	



Name
in
Full

Frederick Henson

CERTIFICATE OF DEATH

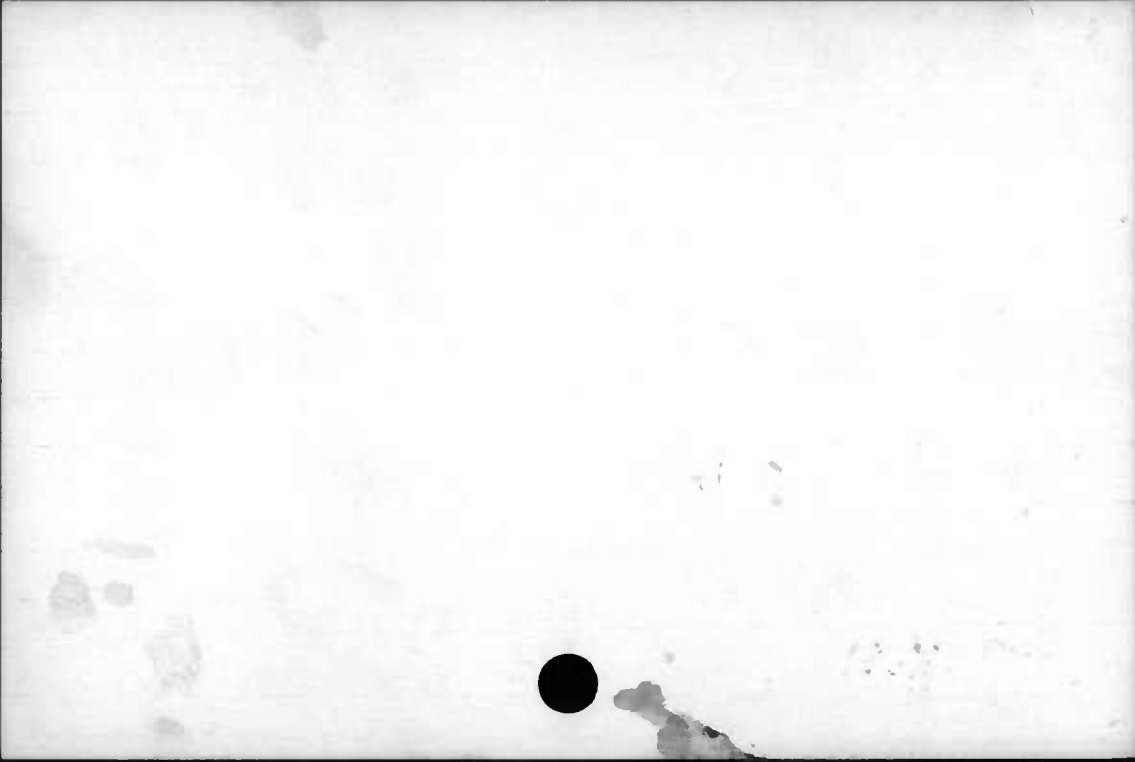
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Notley Hall</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>10th</i>	Age <i>23</i>	Years <i>3</i>	Months <i>3</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>single</i>			Occupation <i>Farmer</i>		
Name of Wife or Husband _____					
Father's Name <i>William Henson</i>			Father's Birthplace <i>M-d</i>		
Mother's Maiden Name <i>Annan Henson</i>			Mother's Birthplace <i>M-d</i>		
Name of person giving information <i>William Henson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i> <i>27</i>	How long <i>8 months</i>
Immediate <i>Hemorrhage from lungs</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jos. M. Parker M.D.</i>
	Address <i>Rosecroft - M-d</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month June		Day 26		Age 75	
Sex Male		Color or Race Colored		Birth-place Maryland		Months — Days —	
Married, Single or Widowed		Married		Occupation		Laborer	
Name of Wife or Husband		Katherine Johnson					
Father's Name		Frank Johnson				Father's Birthplace Maryland	
Mother's Maiden Name		Liza Thomas 47				Mother's Birthplace "	
Name of person giving information		Alfred W. Johnson				How related to deceased Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Acute rheumatism		How long		Ten days.	
Immediate		Endocarditis		How long		Three "	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		A. R. Walker M. D.	
				Address		Mitchellville, Md.	
Accident or Suicide?		—					



Name
in
Full

George O Jones

CERTIFICATE OF DEATH

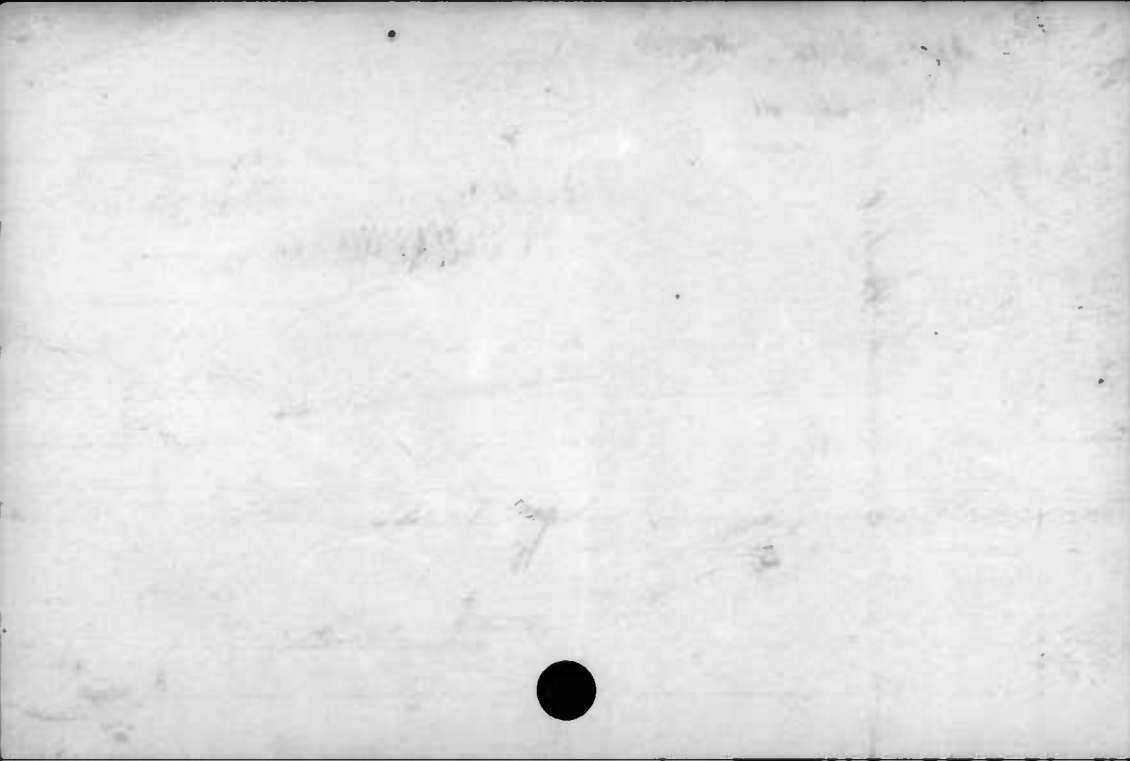
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burndale</i>		<i>Prince Geo.</i> County		MARYLAND	
Date of death 1903	<i>June 27</i>	Age	<i>67</i>	Months	Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Maryland</i>
Married, Single Unwidowed	<i>Married</i>	Occupation			
Name of Wife or Husband <i>Mary Weeks Jones</i>					
Father's Name <i>Charles Jones</i>			Father's Birthplace <i>N.Y.</i>		
Mother's Maiden Name <i>Mary Eliza Honan</i>			Mother's Birthplace <i>N.Y.</i>		
Name of person giving information <i>Horace Weeks Jones</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	How long	<i>79</i>
Immediate	<i>Coronary Aneurysm</i>	How long	<i>67</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Charles</i>	
		Address	
		<i>Myattville Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

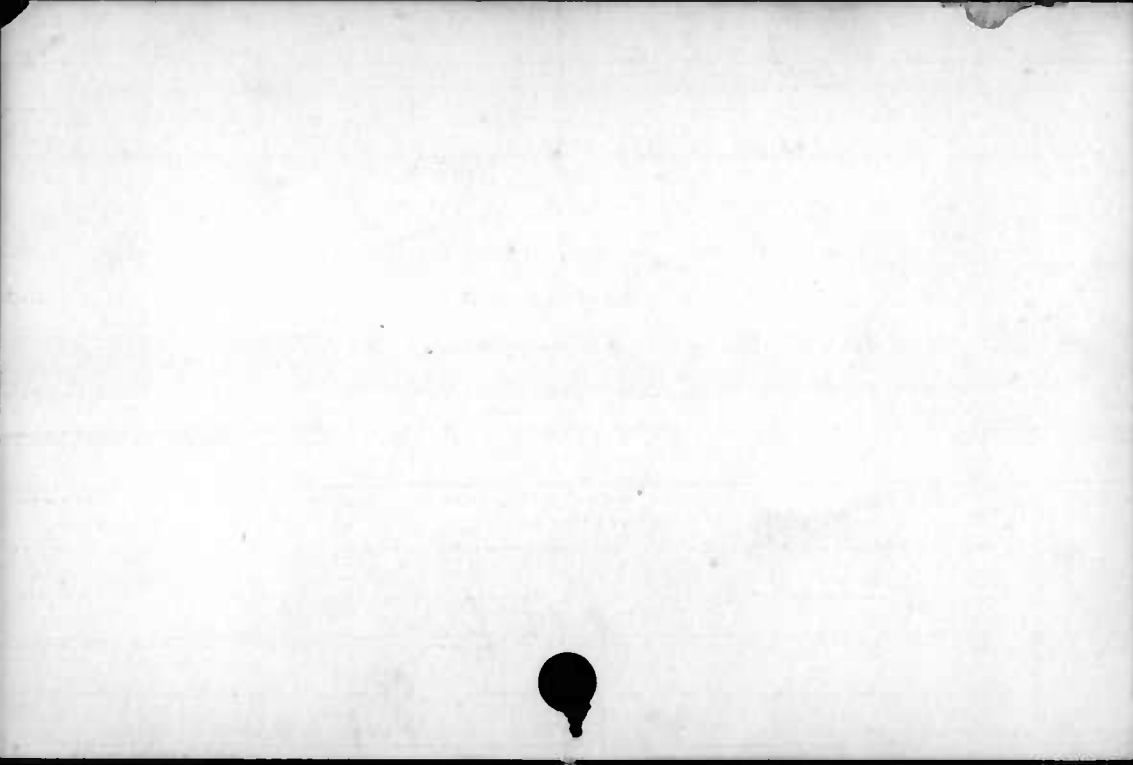
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Charles Kasulke</i>		Town <i>Frostville</i>		County <i>Prince Georges</i>		State <i>MARYLAND</i>	
Died at		Date of death 1903		Age		Months	
Month <i>June</i>		Day <i>28</i>		Years <i>50</i>		Days	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- Place <i>Germany</i>			
Married, Single or Widowed <i>Married</i>		Occupation <i>Trucking</i>					
Name of Wife or Husband <i>Jenny Kasulke</i>							
Father's Name <i>August Kasulke</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>_____</i>		Mother's Birthplace <i>Germany</i>					
Name of person giving Information <i>Jenny Kasulke</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of the Spleen</i>	How long <i>45</i>	How long <i>1 year</i>
Immediate <i>General Debility & Anemia</i>	How long <i>3 months</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John C. Sausbury</i>	Address <i>Frostville Md</i>
Accident or Suicide? <i>_____</i>		



Name
in
Full

Isabel Kern

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brentwood</i> ^{Town}		<i>Prince George</i> ^{County}		MARYLAND	
Date of death 190	<i>3</i> ^{Month}	<i>june</i> ^{Day}	<i>7</i> ^{Years}	Age <i>54</i>	<i>4</i> ^{Months}
Sex <i>female</i>	Color or Race <i>white</i>	Birth-place <i>Norfolk Va</i>			
Married, Single or Widowed <i>married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>George C P Kern</i>					
Father's Name <i>Henry Bromley</i>			Father's Birthplace <i>Norfolk Va</i>		
Mother's Maiden Name <i>Sarah Bromley</i>			Mother's Birthplace <i>Norfolk Va</i>		
Name of person giving information <i>Addie A Artis</i>			How related to deceased <i>daughter in law</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Nephritis</i>	How long <i>3 days</i>
Immediate <i>Necrosis</i>	How long <i>119</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Joseph T. Howard, M.D.</i>
	Address <i>1126 9th St NW Washington City D.C.</i>
Accident or Suicide?	

Hastington

Hastington
D.C.

Certificate of Death

Donald. McChesne

Died at Laurel ^{Town} Pr Geo ^{County} MARYLAND

Date	903	Month	June	Day	28	Age	9-16	Y.	M.	D.	Native of	Occupation
Male	Female	White	Colored	Married	Single	Widow	Widower	Divorced	Number of children living			

Husband of

Wife

Father's

Name _____

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

~~Accident Suicidal Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Name
in
Full

Mary J Macaubbun

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Nottingham</i> Town		<i>Pr Geo</i> County		MARYLAND	
Date of death 1903	Month <i>June</i>	Day <i>1</i>	Age <i>65</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Pr Geo Co</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband					
Father's Name <i>J M S Macaubbun</i>			Father's Birthplace <i>Annapolis Md</i>		
Mother's Maiden Name <i>Mrs Taylor</i>			Mother's Birthplace <i>Prince Georges co Md</i>		
Name of person giving information <i>John Macaubbun</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long
<i>Uremia</i>	<i>20</i>
Immediate	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Gibbons</i>
	Address <i>Crook Md</i>
Accident or Suicide?	



Name
in
Full

Math Mahawrey

CERTIFICATE OF DEATH

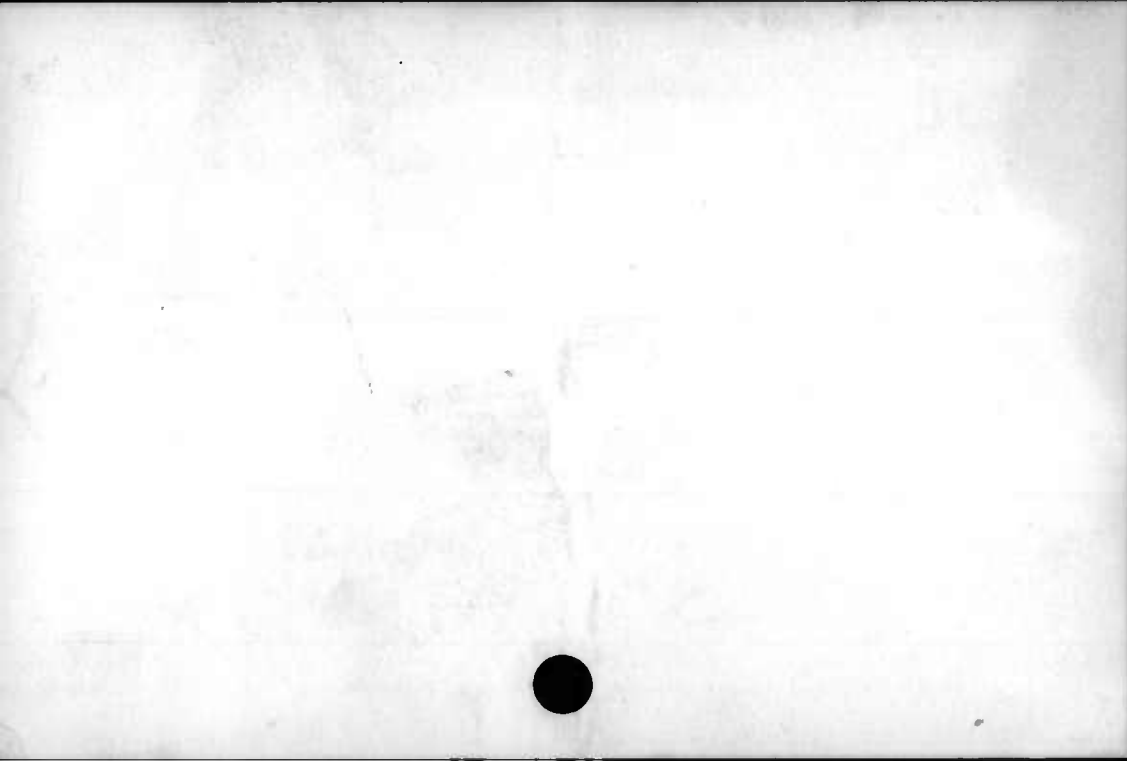
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Box 1. B</i>		Town		County		PRINCE GEORGES	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>28</i>	Age <i>5-6</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth- place <i>Ind</i>				
Married, Single Married <i>Married</i>		Occupation <i>Farmer</i>					
Name of Wife or Husband <i>Phyllis Mahawrey</i>							
Father's Name <i>John Mahawrey</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace					
Name of person giving information <i>Mattie Wilson</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>one year</i>
Immediate <i>Intestinal hemorrhage</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Ouellet M.D.</i>
	Address <i>Salisbury, Ind.</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

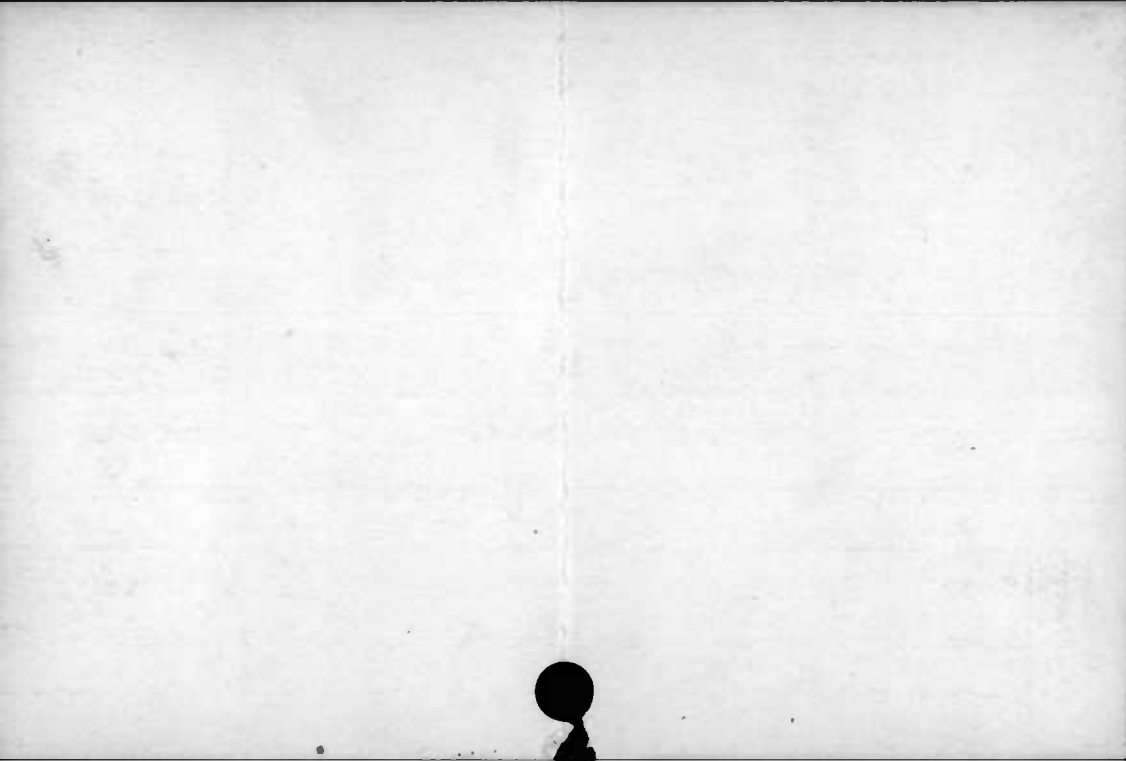
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth G. Middleton</i>		Town <i>Springfield</i>		County <i>Prince George</i>		MARYLAND	
Died at <i>Springfield</i>		Month <i>June</i>		Day <i>9</i>		Years <i>85</i>	
Date of death 190 <i>3</i>		Month <i>June</i>		Day <i>9</i>		Years <i>85</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Harford Co., Md.</i>			
Married, Single, or Widowed <i>Single</i>		Occupation <i>Housekeeper</i>					
Name of Wife or Husband <i>L. W. Middleton</i>							
Father's Name <i>C. Debrular</i>		Father's Birthplace <i>Harford Co., Md.</i>					
Mother's Maiden Name <i>Kent Prange</i>		Mother's Birthplace <i>Harford Co., Md.</i>					
Name of person giving information <i>Thos. W. Middleton</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cardiac Dropsy</i>		How long <i>From heart to</i>	
Immediate <i>Asphyxiation</i>		How long <i>From heart to</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>John W. Russell M.D.</i>	
		Address <i>Springfield Md.</i>	
Accident or Suicide?			



Name
in
Full

Annie Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Craam		County Pr Geo		MARYLAND	
Date of death 190	3	Month June	Day 26	Age	Years	Months	Days
Sex	Female		Color or Race	Ethiopian		Birth- place	Pr Geo Co
Married, Single or Widowed	Married			Occupation Housewife			
Name of Wife or Husband	William H Miller						
Father's Name	Henry Wiseman					Father's Birthplace	Pr. Geo. Co.
Mother's Maiden Name	Mary Wiseman					Mother's Birthplace	P.G. Co. Md.
Name of person giving In formation	Mary Wiseman					How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Puerperal fever 137		How long	2 weeks
Immediate	Heart Failure		How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W. H. Gibbons
			Address	Craam Md
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

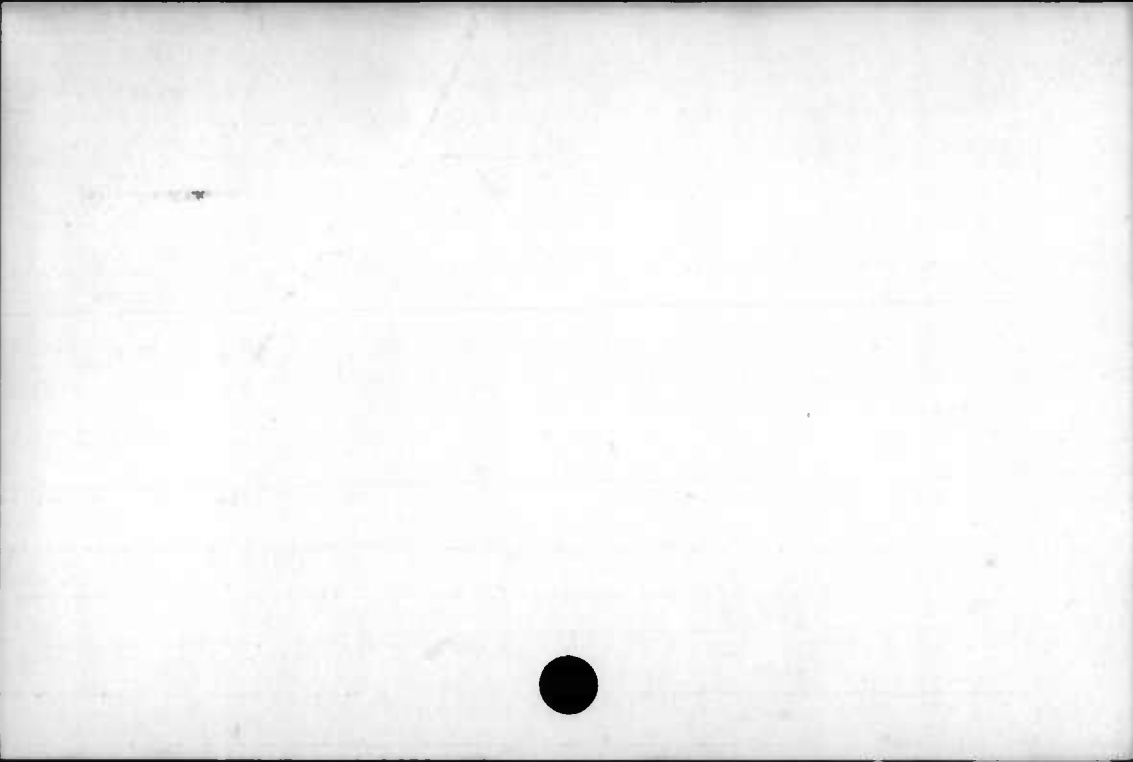
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Nattingham</u> ^{Town}		<u>Pr Geo</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u> ^{Month}	<u>June</u> ^{Day}	<u>20</u> ^{Years}	Age <u>2</u>	Months <u>3</u>	Days
Sex <u>Male</u>	Color or Race <u>Ethiopian</u>	Birth-place <u>Nattingham Md</u>			
Married Single or <u>Widowed</u>		Occupation			
Name of Wife or Husband					
Father's Name <u>John Mitchell</u>			Father's Birthplace <u>Pr Geo 8</u>		
Mother's Maiden Name <u>Grace Smith</u>			Mother's Birthplace <u>Pr Geo 8</u>		
Name of person giving information <u>John Mitchell</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Phthisis</u>	How long <u>27</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. H. Gibbons</u>
	Address <u>Croome Md</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

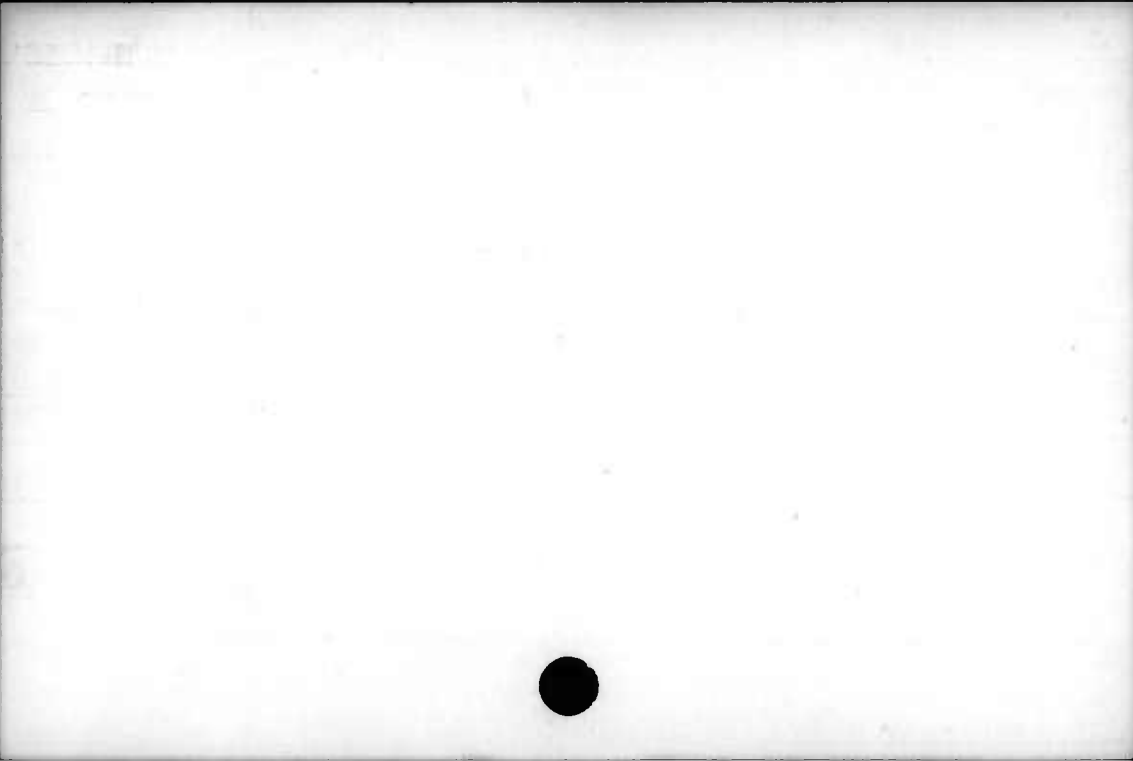
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Upper Marlboro'</u> Town		<u>P. G.</u> County		MARYLAND	
Date of death <u>1903</u>	Month <u>6</u>	Day <u>29</u>	Age <u>78</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>P. G. Co</u>		
Occupation <u>Farm hand</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Annie Johnson</u>				
Father's Name <u>Don't know</u>	Father's Birthplace <u>Don't know</u>				
Mother's Maiden Name <u>" "</u>	Mother's Birthplace <u>" "</u>				
Name of person giving Information <u>Hennetta Butler</u>	How related to deceased <u>Step daughter</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Don't know</u>	How long <u>about 5 days</u>
Immediate <u>" "</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Hennetta Butler</u>
<u>Upper</u>	Address <u>Marlboro, Md</u>
Accident or Suicide? <u>" "</u>	<u>Step daughter</u>



Name in Full

Certificate of Death

Name in Full Clem, Patti
 Town Laurel County Prince Geo. MARYLAND
 Died at Laurel
 Date 1903 Month June Day 19 Y. 57 M. — D. — Native of md Occupation Laborer
 Male White Married Widow Divorced —
 Female Colored Single Widower Number of children living —

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

not ascertained not ascertained
Alcoholism Val Heart disease a few days

Death

Immediate

undetermined
U. F. Taylor M.D.

How long sick

Accident, Suicide, Homicide

Reported by

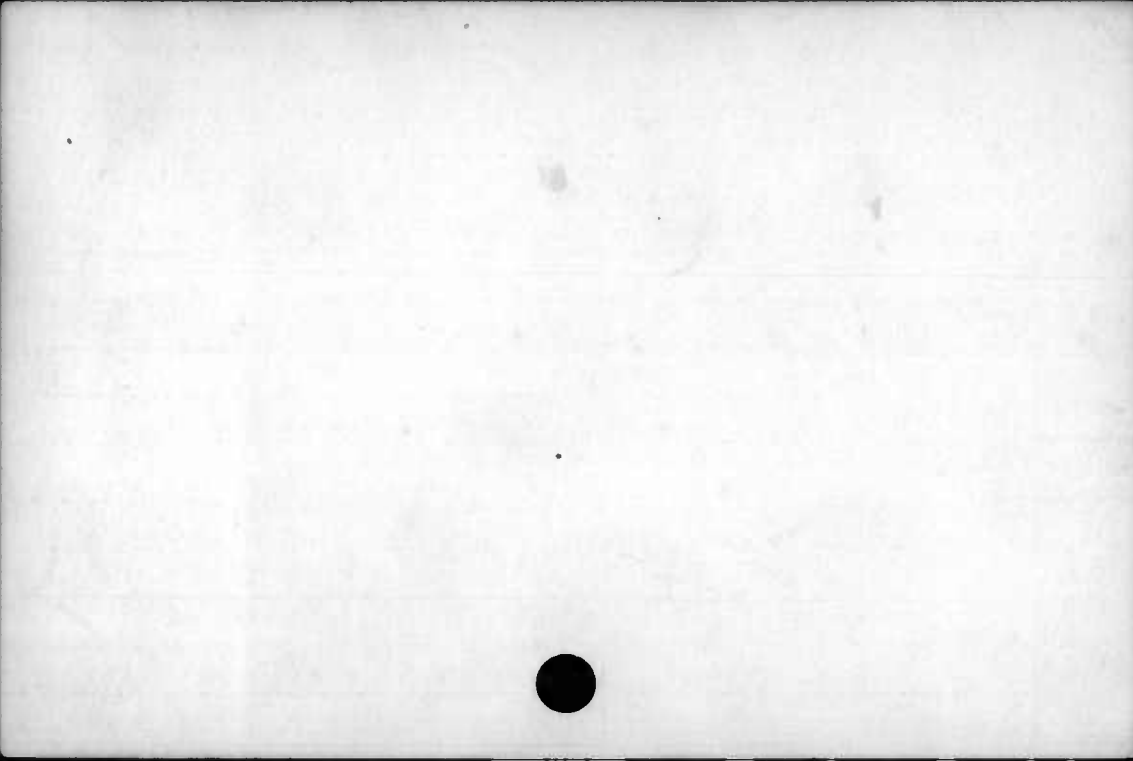
Address

Laurel md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Mary Margaret Sasser				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Northrup ^{Town}		Pr Geo ^{County}		MARYLAND
	Date of death 1903	Month	Day	Age	Years	Months	Days
		June	11	60		6	
	Sex	Female		Color or Race	White		Birth-place
							Pr Geo Co
	Married, Single or Widowed	Married		Occupation	Housewife		
	Name of Wife or Husband	H. H. Sasser Sr					
PHYSICIAN OR CORONER	Father's Name	J. H. S. Gibbons				Father's Birthplace	Pr Geo. Co.
	Mother's Maiden Name	Priscilla A. Selby				Mother's Birthplace	Pr Geo Co
	Name of person giving information	H. H. Sasser Jr				How related to deceased	Son
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary					How long	
	Immediate					How long	
	Heart failure					Few minutes	
	Are the name, age, sex, color, date and place correctly given above?					Yes	
					Signature of Physician		J. H. S. Gibbons
					Address		Crumm md
Accident or suicide?							



Name
in
Full

Mary Schmittbauer

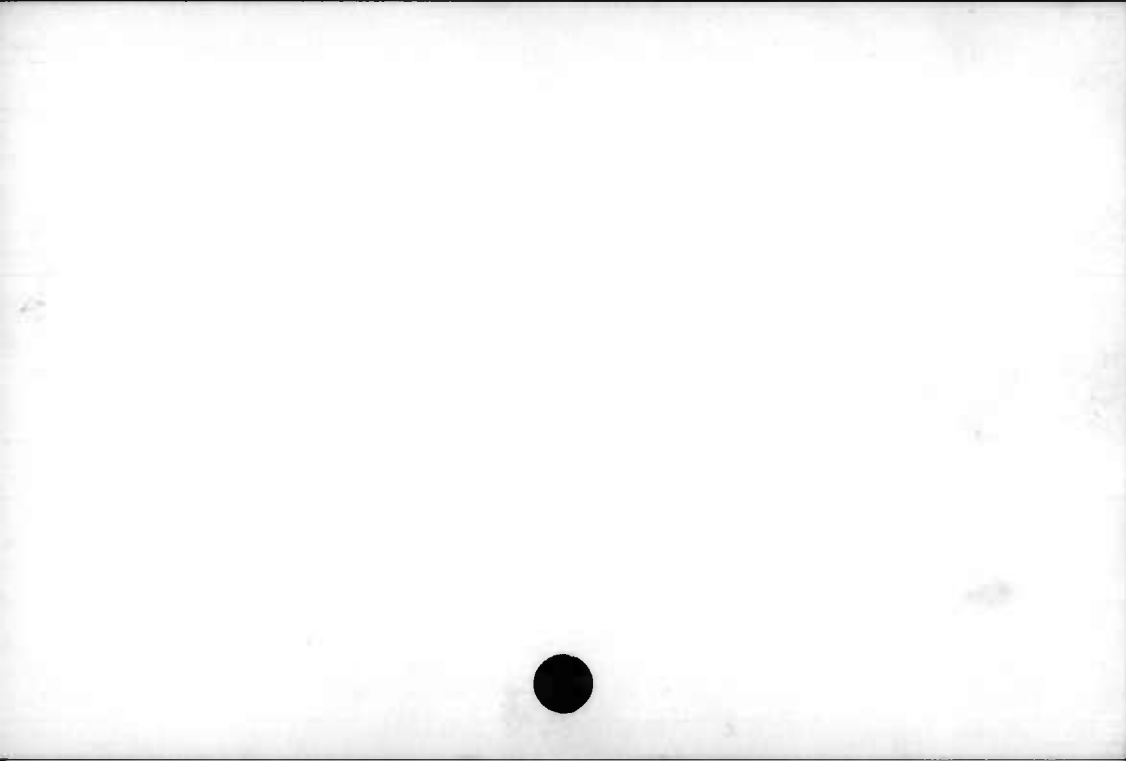
CERTIFICATE OF DEATH

Died at <u>Woodmare</u> ^{Town}		<u>Prince George</u> ^{County}		MARYLAND								
Date of death	1903	Month	June	Day	13	Age	8	Years	Months	10	Days	—
Sex	Female		Color or Race	White		Birth-place	Maryland					
Occupation	—		Where Residing if not at place of death —									
Married, Single or Widowed	Single		Name of Wife or Husband —									
Father's Name	Leonhart Schmittbauer						Father's Birthplace	Germany				
Mother's Maiden Name	Margaret Hochreiter						Mother's Birthplace	"				
Name of person giving Information	Leonhart Schmittbauer						How related to deceased	Father				

CAUSES OF DEATH

Primary	<u>Diphtheria</u>	How long	<u>Three days</u>
Immediate	<u>Cardiac paralysis</u>	How long	<u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Abbott R. Walker, M.D.	
Address		Mitchellville, Md.	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William Simpson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Largo Town		Prince George County		MARYLAND	
Date of death 190 3	Month June	Day 27	Age 17 Years	Months —	Days —
Sex male	Color or Race white		Birth-place md		
Married, Single or Widowed Single		Occupation Laborer			
Name of Wife or Husband					
Father's Name Fredrick Simpson			Father's Birthplace md		
Mother's Maiden Name Rebecca Surdener			Mother's Birthplace md		
Name of person giving information Charles Hutcherson			How related to deceased none		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Epileptic Convulsions	How long Periodically
Immediate Cerebral Hemorrhage	How long 8 hrs.
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Wm E. Saurbrey
left	Address Forestville md
Accident or Suicide?	



Name
in
Full

Maggie Smith -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Upper Marlboro</i> ^{Town}		<i>Pr. Geo.</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	<i>June</i> ^{Month}	<i>12</i> ^{Day}	Age <i>3</i> ^{Years}	<i>-</i> ^{Months}	<i>-</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Negro</i>		Birth-place <i>West Va</i>		
Occupation <i>House Keeper</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name <i>Fredrick Hall</i>	Father's Birthplace <i>West Va</i>		Mother's Birthplace <i>West-Va</i>		
Mother's Maiden Name <i>Peggie Liffall</i>	Name of person giving Information <i>Rev Robert Smith</i>		How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Don't know died at</i>	How long
Immediate <i>I entered the house</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. A. Giffith</i>
<i>179</i>	Address <i>Upper Marlboro, Md</i>
<i>Accident or Suicide</i>	



Name
in
Full

Solomon Spriggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

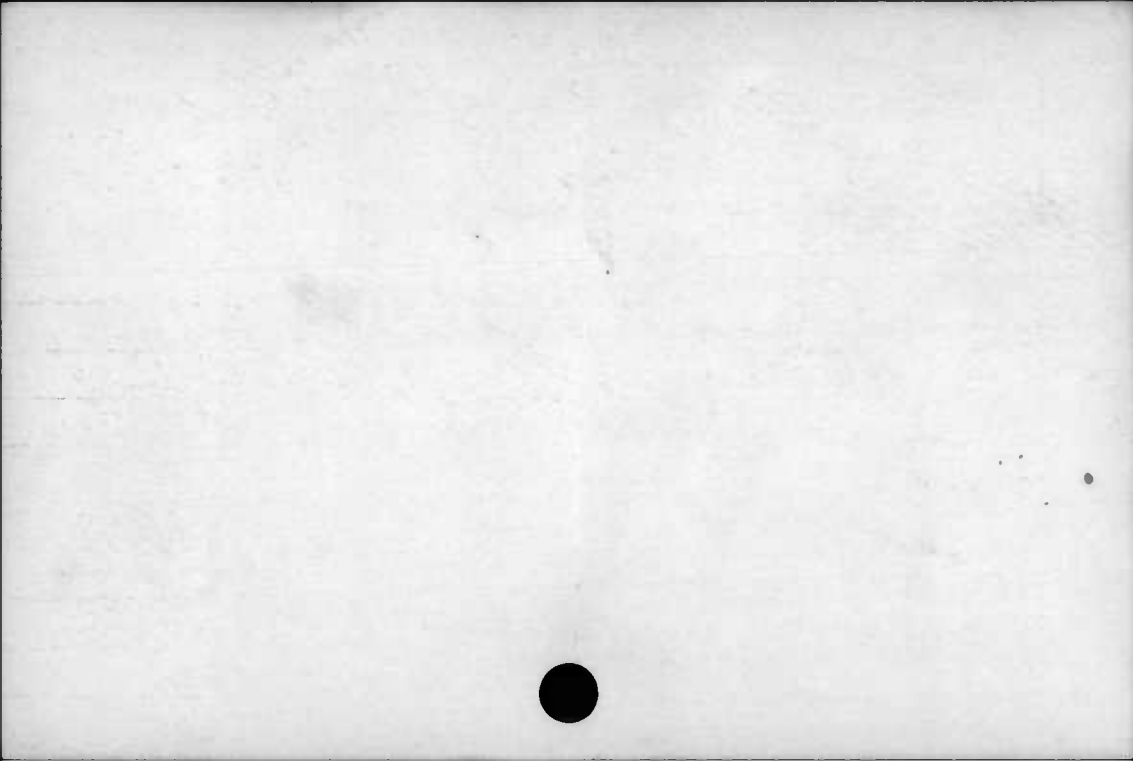
MARYLAND

Died at <u>Collington</u> ^{Town}		<u>Prince George</u> ^{County}	
Date of death 190 <u>3</u>	Month <u>June</u>	Day <u>1</u>	Age <u>75</u> Years
Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Maryland</u>	Months <u>—</u> Days <u>—</u>
Married, Single or Widowed <u>Married</u>	Occupation <u>Farmer</u>		
Name of Wife or Husband <u>Marttha Spriggs</u>			
Father's Name <u>Frank Spriggs</u>		Father's Birthplace <u>Maryland</u>	
Mother's Maiden Name <u>Ratie Will</u>		Mother's Birthplace <u>"</u>	
Name of person giving Information <u>Frank Spriggs</u>		How related to deceased <u>Son</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Chronic Brights disease</u> ¹²⁰	How long <u>Ten years</u>
Immediate <u>Uremic poisoning</u>	How long <u>Three days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Abbott R. Walker M.D.</u>
	Address <u>Mitchellville, Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Mary Anna Stewart

CERTIFICATE OF DEATH

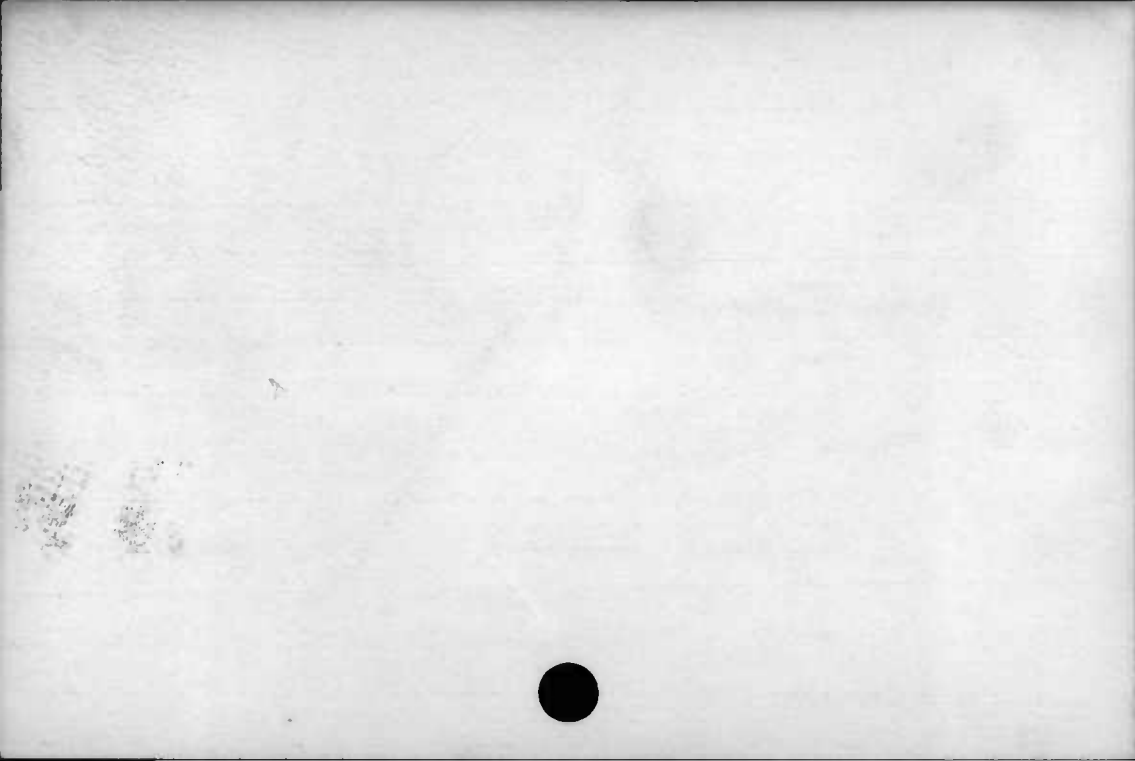
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Seeland</u>		Town		<u>Prince George</u>		County		MARYLAND	
Date of death 190 <u>3</u>		Month <u>June</u>		Day <u>5</u>		Age <u>—</u>		Years <u>—</u>	
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>		Months <u>—</u>		Days <u>—</u>	
Married <u>—</u>		Married <u>—</u>		Occupation <u>Housework</u>		Name <u>Robert Stewart</u>		Husband	
Father's Name <u>David Crawford</u>		Father's Birthplace <u>unknown</u>		Mother's Maiden Name <u>Ida Jackson</u>		Mother's Birthplace <u>Maryland</u>		How related to deceased <u>Sister</u>	
Name of person giving information <u>Luey Brown</u>									

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cancer Stomach & Bowel</u>		How long <u>Several years</u>	
Immediate <u>Hemorrhage</u>		How long <u>—</u>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Maclane Cowood, M.D.</u>	
<u>Yes</u>		Address <u>Halls, Prince George Co., Maryland</u>	
Accident or Suicide?			



Name in Full

Certificate of Death

Catharine Swan

Town

County

Died at

Near Silver Hill, Pr. Geo.

MARYLAND

Date 189

03 June 26

Month

Day

Y.

M.

D.

Native of

Occupation

Age

31

—

—

Md

Wife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living

4 -

~~Husband~~

of

Owen L. Swan

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Typhoid fever

How long sick

15 days.

Death

Immediate

Cardiac exhaustion

~~Accident, Suicide, Homicide~~

Reported by

R. A. Pyle

Address

Anacostia

D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Place of Burial
Bello. Cem. Pardo.
Corner. P. S. 1st Ind
June 28th 1903

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

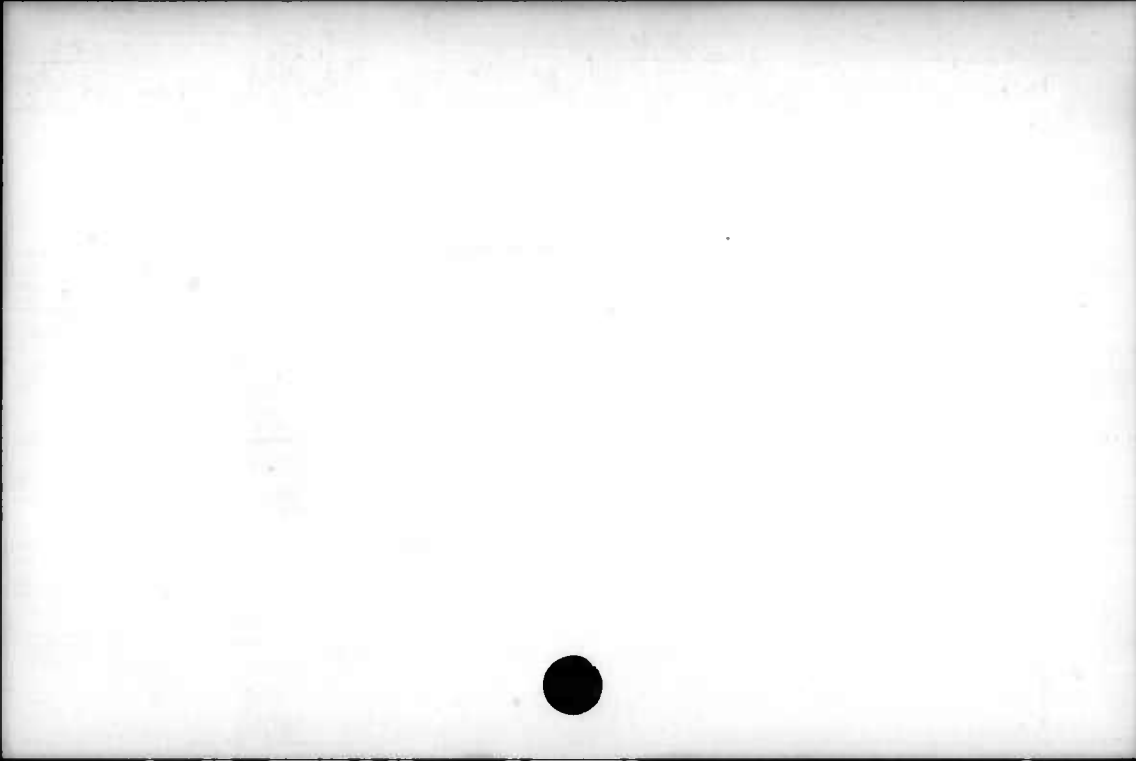
MARYLAND

Died at <i>Marlboro</i> ^{Town}		<i>R Geo</i> ^{County}			
Date of death <i>1903</i>	Month <i>June</i>	Day <i>25</i>	Age <i>—</i>	Years <i>—</i>	Months <i>6</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Marlboro</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>James Ware</i>			Father's Birthplace <i>Chas Co</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>Chas Co</i>		
Name of person giving Information <i>James Ware</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholelithiasis</i>	How long <i>4 days</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Griffith</i>
<i>Upper</i>	Address <i>Marlboro. Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Genivieve Webster

CERTIFICATE OF DEATH

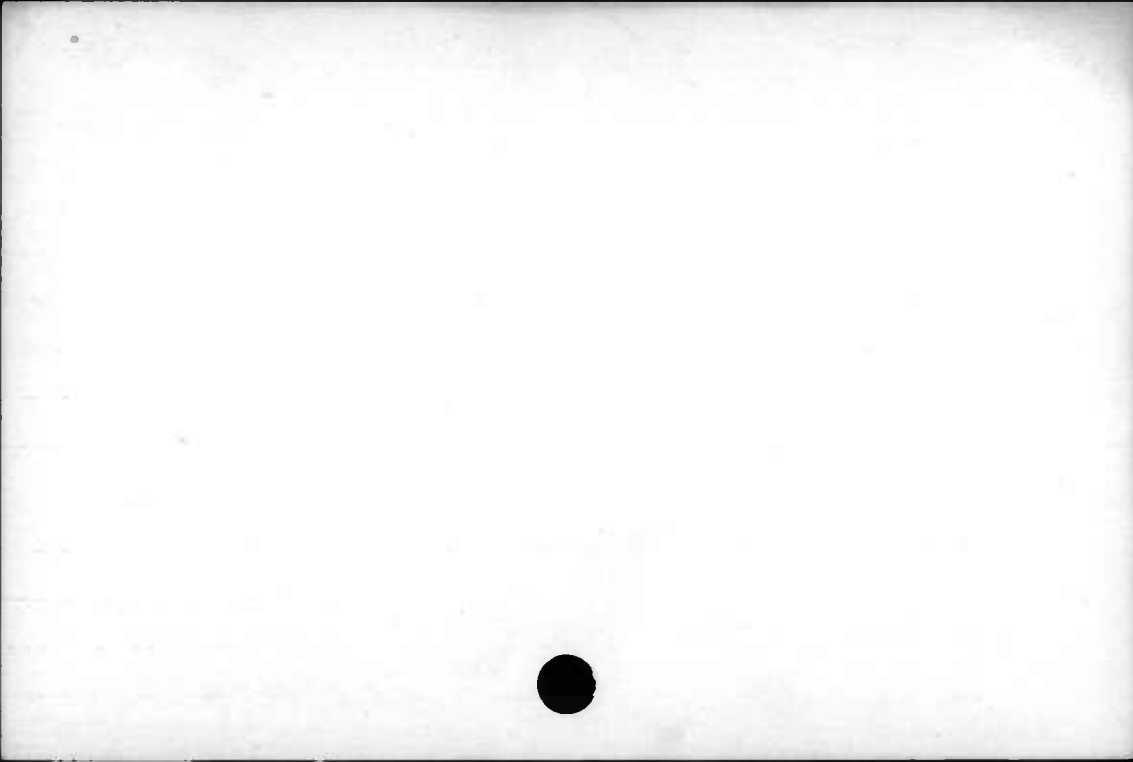
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Harroch</i>		County <i>Prince Georges</i>		MARYLAND	
Date of death 190	3	Month	6	Day	7	Age	Years - 3 Months - Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Harroch</i>
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
<i>Daniel Webster</i>				<i>Harroch</i>			
Mother's Maiden Name				Mother's Birthplace			
<i>Eliza Mahoney</i>				<i>Charles Co</i>			
Name of person giving information				How related to deceased			
<i>Daniel Webster</i>				<i>Father.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
<i>Gastro-Enteritis</i>	<i>105</i>
Immediate	How long
<i>105</i>	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>yes</i>	<i>Harry H. Alley M.D.</i>
	Address
	<i>1500 Maryland Ave. N.W.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

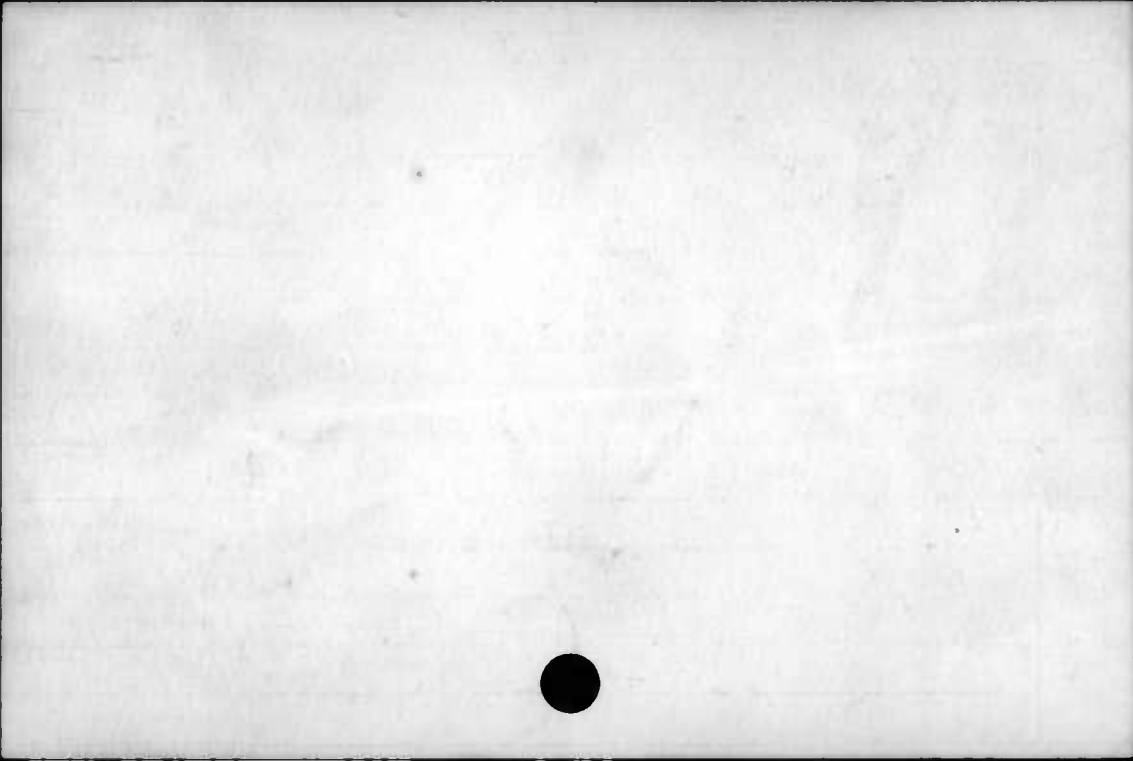
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hyattsville</i>		Town <i>Prince Geo.</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>16</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>1</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>M. D.</i>				
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>James H. Hill-Coxen</i>				Father's Birthplace <i>M. D.</i>			
Mother's Maiden Name <i>Mamie</i>				Mother's Birthplace <i>M. D.</i>			
Name of person giving information <i>James H. Hill-Coxen</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Exhaustion fr. immaturity</i>	How long <i>only lived a few hours</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Dr. Richardson</i>
	Address <i>Hyattsville Md.</i>
Accident or Suicide?	



Name
in
Full

Jacob Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		3	Month	16	Day	41	Age
Sex		Male		Color or Race		Colored	
Married, Single or Widowed		Married		Occupation		Laborer	
Name of Wife or Husband		Lou Fletcher Williams					
Father's Name		Samuel Williams				Father's Birthplace	
Mother's Maiden Name		Martha Chittam				Mother's Birthplace	
Name of person giving information		Edward Powers				How related to deceased	
						Step-brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Pulmonary tuberculosis		How long		Two years	
Immediate		Cardiac Failure?		How long		Five minutes	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Abbott R. Walker, M.D.	
				Address		Mitchellville, Md.	
Accident or Suicide?		—					



Name in Full

Certificate of Death

Thomas Benjamin Wilson

Town

County

Died at

College Park

Pr George

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

6. 3

Age

63. 9 -

Maryland

Gardener

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of

Anna Rosa Lee

Father's

Mother's

Name

Eros Wilson

Maiden Name

Margaret Beall

Cause of

Primary

Nephritis (chronic)

How long sick

3 years

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

A. O. Etienne M.D.

Address

Bessy — Pr Geo. County.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Unnamed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
June		9					11
Sex		Color or Race		Birth-place			
Male		White		Maryland			
Married, Single or Widowed		Occupation					
Single							
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Louis Wood				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Mattie Deakins				District of Col.			
Name of person giving information				How related to deceased			
Louis Wood				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Convulsions let	How long	Ten min.
Immediate	Cerebral hemorrhage	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		D. R. Walker M.D.	
		Address	
		Mitchellville, Md.	
Accident or Suicide?			

